

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002038 (6)
1. Corporation Name

S.O.F.A. STRIKE OUT FOR AIDS INC.



Principal Place of Business
15205 PARKSIDE DRIVE
#7
FT MYERS FL 33908

Mailing Address
15205 PARKSIDE DRIVE
#7
FT MYERS FL 33908

3. Date Incorporated or Qualified 04/28/1995
3a. Date of Last Report

2. Principal Place of Business
21 1549 SAUTERN DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 1549 SAUTERN DRIVE
Suite, Apt. #, etc.

4. FEI Number
Applied For
Not Applicable

22 City & State
23 FT MYERS

27 City & State
28 FT MYERS, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33919
25 Country USA

29 Zip 33919
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

YUROSKO, LYNNE
15205 PARKSIDE DRIVE
#7
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1549 SAUTERN DRIVE
83
84 City FT MYERS FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE LYNNE YUROSKO

(NOTE: Registered Agent signature required when reinstating)

DATE 8/5/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	YUROSKO, LYNNE	15205 PARKSIDE DRIVE #7	FT MYERS FL 33908	<input type="checkbox"/>
D	ORTNER, GERI	4555 HENRY HUDSON PARKWAY #1001	RIVERDALE NY 10471	<input type="checkbox"/>
D	BAILEY, GIL	4710 EISENHOWER BLVD. BLDG D	TAMPA FL 33636	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
		1549 SAUTERN DRIVE	FT MYERS, FL 33919	<input type="checkbox"/>
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	<input type="checkbox"/>
				<input type="checkbox"/>
31. TITLE	32. NAME	33. STREET ADDRESS	34. CITY - ST - ZIP	<input type="checkbox"/>
				<input type="checkbox"/>
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	<input type="checkbox"/>
				<input type="checkbox"/>
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	<input type="checkbox"/>
				<input type="checkbox"/>
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP	<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LYNNE YUROSKO, DIR. 8/5/96

941-481-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0013289

CR2E037 (3/96)